24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
New Prosperity Foundation; The	C C00488494
Check If 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee XPS Professional Services	m m / D D / Y Y Y Y
Mailing Address 220 E Adams St	09 29 2012
Suite 200	mount
City State Zip Code	1255.75
Springfield IL 62701	nsaction ID : SE.4748
Purpose of Expenditure Door Hangers Category/ Type Office So	•
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———
CHERI BUSTOS Check C	One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disburse 2012	ement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee XPS Professional Services	oate M
Mailing Address 220 E Adams St	23 2012
Suite 200	mount
City State Zip Code Springfield IL 62701	2500.00
Purpose of Expenditure Door Hangers (Labor) ESTIMATED Category/ Type Office S	ought: House State: IL Senate District: 17
Name of Federal Candidate Supported or Opposed by Expenditure: CHERI BUSTOS Check C	President One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disburse 2012	ement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	3755.75
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	3755.75
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Gregory Baise [Electronically Filed] Date 10	01 2012
Signature	